



ARKANSAS INSURANCE DEPARTMENT
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904
PHONE (501) 371-2605
<http://www.arkansas.gov/insurance/>

PREMIUM TAX FILING INSTRUCTIONS FOR REGISTERED RISK RETENTION GROUPS

***IMPORTANT NOTICE:**

IF YOUR COMPANY IS NOT REGISTERED IN THE STATE OF ARKANSAS, YOU CANNOT USE 2004 FORM AID AC RRG-T. YOU MUST FILE A REPORT OF PREMIUMS WRITTEN AND TAXES OWED ON COMPANY LETTERHEAD AND HAVE IT SIGNED BY AN OFFICER OF THE COMPANY.

EACH RRG MUST FILE THE FOLLOWING:

- ☐ 2004 FORM AID AC RRG-T (ANNUAL REPORT OF PREMIUMS, TAXES AND FEES)
- ☐ 1 COPY OF THE ARKANSAS STATE BUSINESS PAGE
- ☐ 1 COPY OF SCHEDULE T
- ☐ COMPANY CHECK MADE PAYABLE TO: **THE STATE TREASURER**

SEPARATE FILINGS AND CHECKS ARE REQUIRED FOR EACH INSURER. CHECKS MUST BE MADE PAYABLE AS NOTED ON THE FORM AND ATTACHED TO FORM.

DO NOT MAIL PREMIUM TAX FORMS AND CHECKS WITH THE ANNUAL STATEMENT OR ANY OTHER CORRESPONDENCE.

MAILING ADDRESS FOR PREMIUM TAX FILINGS AND PAYMENTS:

ARKANSAS INSURANCE DEPT.
ACCOUNTING DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

FOR QUESTIONS CONCERNING THE COMPLETION OF THE TAX FORMS CONTACT:

ACCOUNTING DIVISION
(501) 371-2605
Email: Insurance.Accounting@arkansas.gov

PENALTIES:

ALL TAX FORMS ARE SUBJECT TO PENALTY IN ACCORDANCE WITH ACA 26-57-607.
THE ARKANSAS INSURANCE DEPARTMENT DOES NOT ACCEPT THE POSTMARK DATE FOR FILING REQUIREMENTS.
ALL TAX FORMS MUST BE RECEIVED IN OUR DEPARTMENT ON OR BEFORE MARCH 1, 2005.
NO AUTHORITY EXISTS FOR GRANTING ANY EXTENSION OF TIME FOR FILING OR PAYMENT.

CORPORATE FRANCHISE
TAX:

DO NOT INCLUDE THE FRANCHISE TAX FORM AND PAYMENTS IN YOUR PREMIUM TAX FILINGS.
REMIT TO THE OFFICE OF THE SECRETARY OF STATE, ATTENTION: CHARLOTTE MARTIN, 1401 CAPITOL AVE.,
VICTORY BLDG, SUITE 250 LITTLE ROCK, AR 72201. DIRECT INQUIRIES TO THE SECRETARY OF STATE (501)
682-3409.

**ARKANSAS INSURANCE DEPARTMENT****2004 FORM AID AC RRG-T**

ACCOUNTING DIVISION
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ACCOUNTING DIVISION
DUE MARCH 1, 2005

___ ORIGINAL FILING
___ AMENDED FILING
___ REFUND DUE

**ANNUAL REPORT OF PREMIUMS, TAXES AND FEES OF ALL
REGISTERED RISK RETENTION GROUPS**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

THIS FORM IS TO BE FILED ONLY BY RISK RETENTION GROUPS HOLDING A CERTIFICATE OF REGISTRATION IN THE STATE OF ARKANSAS. SEE INSTRUCTIONS FOR MORE INFORMATION ON HOW TO FILE IF YOU ARE NOT A REGISTERED RISK RETENTION GROUP.

Column 1Column 2**ARKANSAS TAX**

State of Domicile tax on Arkansas Insurer
TAX RATE _____

A. PREMIUM TAX COMPUTATION:

- | | | |
|---|----------|----------|
| 1. Total premiums paid for commercial liability insurance for risks insured in Arkansas during calendar year 2004 | \$ _____ | \$ _____ |
| 2. Finance and Service Charges, Policy Membership and other Fees | \$ _____ | \$ _____ |
| 3. Net Taxable Premiums (Lines 1 + 2) | \$ _____ | \$ _____ |
| 4. Tax thereon at 4% | \$ _____ | \$ _____ |

B. FEES:

- | | | |
|--|-----------|----------|
| 5. Certificate of Registration Renewal | \$ 100.00 | \$ _____ |
| 6. Filing Annual Statement | \$ 50.00 | \$ _____ |
| 7. Total Fees | \$ 150.00 | \$ _____ |

C. TOTAL TAXES AND FEES DUE:

- | | | |
|------------------|----------|----------|
| 8. (Lines 4 + 7) | \$ _____ | \$ _____ |
|------------------|----------|----------|

D. DEPENDING ON YOUR ANSWER BELOW, COMPLETE EITHER SUBSECTION 1 OR 2 ONLY-NOT BOTH

IF THE AMOUNT IN SECTION C, COLUMN 1, LINE 8 IS GREATER THAN THE AMOUNT IN SECTION C, COLUMN 2, LINE 8, THEN COMPLETE SUBSECTION 1, LINES 9 -11 BELOW ONLY. DO NOT COMPLETE LINES 12-14.

SUBSECTION 1.

9. Premium Tax from line 4 \$ _____

10. Fees from Column 1, Line 7 \$ 150.00

11. **NET PAYMENT DUE (lines 9 + 10)** \$ _____

IF THE AMOUNT IN SECTION C, COLUMN 2, LINE 8 IS GREATER THAN THE AMOUNT IN SECTION C, COLUMN 1, LINE 8 THEN COMPLETE SUBSECTION 2, LINES 12-14 BELOW ONLY.

SUBSECTION 2.

12. Premium Tax from Column 2, Line 4 \$ _____

13. Fees from Column 2, Line 7 \$ _____

14. **NET PAYMENT DUE (lines 12 + 13)** \$ _____

*****PAYMENTS AND REFUNDS*****

- 1 **MAKE CHECK PAYABLE TO THE STATE TREASURER AND ATTACH TO THIS FORM .**
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
- 2 **DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.**
- 3 **IF THE NET PAYMENT RESULTS IN A REFUND, DO NOT SEND A CHECK FOR THE FEES IN SECTION B THE AMOUNT OF THE NET PAYMENT INCLUDES THE FEES.**
- 4 **REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.**

AFFIDAVIT

State of _____ County of _____

Comes _____ and states on oath that he/she is the

_____ of _____
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

(ORIGINAL WET SIGNATURE OF OFFICER)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires _____